Supplemental Independent	Type or print in inl		271 7 W31.21.2 *W813 f113 M38 PREMENTAL INDEPENDENT EXPENDITURE				
Expenditure Report	Amounts may be round whole dollars.	ded to	Report covers period	Date Stamp	CALIFORNIA 165		
(Government Code Section 84203.5)			from 1/1/2015		FORM 403		
SEE INSTRUCTIONS ON REVERSE	Amendment	Amendment (Explain Below)	through 2/7/2015		Page 1 of 3		
			Date of election if applicable: (Month, Day, Year)		For Official Use Only		
			2/24/2015				
1. Committee/Filer Information	I.D. NUMBER (If recipien	t committee)	Treasurer (If recipient c	ommittee)			
COMMITTEE/FILER'S NAME	744817		NAME OF TREASURER				
Local 18 Water and Power Defense L	eague (IBEW)		Brian D'Arcy				
STREET ADDRESS (NO P.O. BOX)			MAILING ADDRESS		The state of the s		
4189 West 2nd Street			4189 West 2nd Str	eet			
O11.1	P CODE AREA CODE/F		CITY	STATE ZIP CODE	AREA CODE/PHONE		
noo imigoroo	0004 (213) 387	7-8274	Los Angeles	CA 90004	(213) 387-8274		
OPTIONAL: FAX/E-MAIL ADDRESS			OPTIONAL:FAX/E-MAIL ADDRES	SS			
2. Name of Candidate or Measure	Supported or Oppos	sed			CHECK ONE		
NAME OF CANDIDATE			OFFICE SOUGHT OR HELD AND DIST	TRICT, IF APPLICABLE	SUPPORT OPPOSE		
Emily Gabel-Luddy			City Council Member				
NAME OF BALLOT MEASURE			BALLOT NO./LETTER JURISDICTI	ON	SUPPORT OPPOSE		
3. Independent Expenditures Mad	Attach additional information	n on appropriate	ly labeled continuation sheets.	A STATE OF THE STA	CUMULATIVE TO DATE		
DATE NAME AND ADD	i i i i i i i i i i i i i i i i i i i	40	ESCRIPTION OF EXPENDITURE	AMOUNT	(JAN. 1-DEC. 31)		
4. Summary		K					
 Total independent expenditures of \$ 							
2. Total independent expenditures und							
Total independent expenditures mad	le this period (Add Lines 1-	+2.)		TOTAI	7,891.35		
5. Filing Officers Enter name and addr	ess of each filing officer with	whom the filer's	s most recent campaign stateme	nts (Form 450,460 or 461) have been filed.		
6. Verification							
I certify that the "independent expenditure(s)" di	sclosed in this statement were n	ot "made at the	behest of the candidate or committ	ee that benefitted from the	expenditure(s)		
as those terms are defined in Government Code							
statement and to the best of my knowledge the							
the foregoing is true and correct.							
Executed on 2/11/15	Ву	200					
DATE	Ву			RER			
Executed on 2/11/15 DATE		ESPONSIBLE OF	FICER OF SPONSOR				

Supplemental Independent Expenditure Report (Government Code Section 84203.5) SEE INSTRUCTIONS ON REVERSE			Type or print in ink.		SUPPLEMENTAL INDEPENDENT EXPENDITURE					
		Amounts may be rounded to whole dollars.		Report covers period	Date Stamp	CALIFORN	NA A	GE		
					from 1/1/2015		FORM 4		65	
			Amendment (Explain Below)	through 2/7/2015	Page		2 of _	3		
					Date of election if applicable: (Month, Day, Year)		For Of	ficial Use Onl	ly	
					2/24/2015					
1. Committe	e/Filer Information		I.D. NUMBER (If recipien	t committee)	Treasurer (If recipient comm	nittee)				
COMMITTEE/FILER'S	NAME				NAME OF TREASURER					
Local 18 Wate	er and Power Defense	League (IBEW)		Brian D'Arcy					
STREET ADDRESS (I	NO P.O. BOX)				MAILING ADDRESS					
4189 West 2r	nd Street		Who come and the company of the comp		4189 West 2nd Street					
CITY	STATE	ZIP CODE	AREA CODE/F		CITY	STATE ZIP CODE		CODE/PHON		
Los Angeles	CA	90004	(213) 387	7-8274	Los Angeles	CA 90004	(213)	387-82	2/4	
OPTIONAL: FAX/E-M/	AIL ADDRESS				OPTIONAL:FAX/E-MAIL ADDRESS					
2 Name of C	andidate or Measu	ire Sunne	orted or Oppos	sed				CHEC	K ONE	
NAME OF CANDIDAT		пс опрр	ortica or oppo-	500 4	OFFICE SOUGHT OR HELD AND DISTRIC	T, IF APPLICABLE		SUPPORT	OPPOS	
Emily Gabel-	-Luddy				City Council Member			V		
NAME OF BALLOT MEASURE			BALLOT NO./LETTER JURISDICTION SUPPOR			SUPPORT	OPPOSI			
3. Independe	ent Expenditures N	lade Attach	additional information	n on appropriate	ly labeled continuation sheets.			JLATIVE TO I		
DATE	NAME AND A	ADDRESS OF PA	AYEE	Di	ESCRIPTION OF EXPENDITURE	AMOUNT		AN. 1-DEC. 3		

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CALENDAR YEAR (JAN. 1-DEC. 31)
02/04/2015	Asendia By La Poste & Swiss Post 701C Ashland Ave Folcroft, PA 19032-2025	POS	\$727.50	\$7,891.35
02/04/2015	Subvendor: US Postmaster 750 W 7th St Ste 201 Los Angeles, CA 90017-3710 \$3,963.39	POS	\$0.00	\$7,891.35
02/04/2015	Dream Machine Media House 202 S Poinsettia Pl Los Angeles, CA 90036-2802	LIT	\$500.00	\$7,891.35

02/04/2015	IBEW Local Union No. 18 4189 W 2nd St Los Angeles, CA 90004-4340	POS	\$3,963.39	\$7,891.35
02/04/2015	IBEW Local Union No. 18 4189 W 2nd St Los Angeles, CA 90004-4340	LIT	\$2,190.46	\$7,891.35
02/04/2015	Subvendor: Asendia By La Poste & Swiss Post 701C Ashland Ave Folcroft, PA 19032-2025 \$3,963.39	POS	\$0.00	\$7,891.35
02/04/2015	Subvendor: The Harman Press 6840 Vineland Ave North Hollywood, CA 91605-6409 \$2,190.46	LIT	\$0.00	\$7,891.35
02/04/2015	Political Data, Inc. 825 S Victory Blvd Burbank, CA 91502-2428	Voter Data	\$510.00	\$7,891.35
2. Total inde	ependent expenditures of \$100 or more made this per ependent expenditures under \$100 made this period. ependent expenditures made this period (Add Lines 1	(Not itemized.)		\$7,891.35 \$0.00 \$7,891.35

5. Filing Officers Enter name and address of each filing officer with whom the filer's most recent campaign statements (Form 450,460 or 461) have been filed.

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	By See Page 1
DATE	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on	By See Page 1
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONS
Executed on	Ву
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT